

Combating Opiate Addiction

A Strategy by the Arlington Police Department

A Plan of Action



*Frederick Ryan
Chief of Police
July 2015*

Detoxification occurs behind walls.
Recovery Occurs in the Community.

Statement of the Problem

The recent heroin epidemic has spared no community or law enforcement agency. The wide availability of heroin combined with the ever decreasing cost of the drug has resulted in addiction and death of epic proportions in every community, regardless of socio-economic status. Opiate poisoning (overdose) fatalities are the [number one](#)¹ cause of injury-related fatalities in the U.S., according to the Centers for Disease Control and Prevention. Deaths from both prescription painkillers and heroin *quadrupled* between 1999 and 2013. In Arlington as of July 1, 2015 the number of opiate overdoses has already surpassed the number of opiate overdoses in all of 2014.

As communities and law enforcement agencies continue to strive to reduce the availability of illicit opiate drugs on the supply side, partnerships have also forged with social service agencies and health care providers to work collaboratively on intervention, treatment, and education initiatives. The widely publicized “Angel” program in Gloucester, Massachusetts is one example of such creative collaborations.

Arlington is the 12th most densely populated community in Massachusetts and the police department has had wide success at identifying, investigating, and successfully prosecuting persons responsible for distribution of heroin in the region and beyond. At the conclusion of such investigations police officials are often left with a list of known heroin users who have purchased their heroin from the target of the investigation. **Historically, law enforcement has done little or nothing with the identity of the known users**, and the users subsequently move onto other suppliers and in some instances, they become victims of overdoses. **This practice by law enforcement should be seriously reconsidered** and as such, the Arlington Police Department seeks to implement a program called the Arlington Opiate Outreach Initiative. This initiative will be coordinated by the Arlington Police Department Mental Health Clinician who will be designated as the AOOI Coordinator.

Strategic Goals

1. Reduce the number of opiate overdoses in the community;
2. Expand access to training for the administration of Naloxone;
3. Expand access to Naloxone to addicts and their loved ones (i.e. dispense Naloxone);
4. Expand access to addiction treatment options and resources (inpatient & outpatient);
5. Expand access to medication/pharmaceutical assisted treatment for opiate addiction;
6. Empower and motivate families and the community by providing data driven strategies aimed at problem solving and managing addiction cases toward successful recovery;
7. Reduce the stigma associated with addiction;

¹ <http://www.cdc.gov/nchs/data/databriefs/db190.htm>

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8. Reduce the incidents of over-prescribing pharmaceutical opiates by medical doctors and dentists;
9. Expand the frequency of community prescription drug take back days and mobilize drug take back assets to senior/public housing neighborhoods.

The Response

This community based strategy has two major components:

1. Proactive Outreach to Known Addicts - "Arlington Opiate Outreach Initiative" involves the police department clinician reaching out to known addicts (as defined below) to support them in developing a plan to ensure their survival, to facilitate the long-term process of recovery, and to avail addicts and their loved ones to services.
2. Arlington Community Training & Support - Arlington "ACTS" on Addiction involves a series of community based meetings co-facilitated by the police department's clinician and a community substance abuse intervention expert aimed at achieving the goals stated above and with creating a supportive non-judgmental environment for addicts and their families.

Arlington Opiate Outreach Initiative (AOOI)

Proactive Outreach to Addicts

Due to their distinctive mission and front-line duties, municipal law enforcement agencies, including the Arlington Police Department, learn the identities of known and suspected heroin addicts in neighborhoods of the community. No other community based organization has "around the clock" direct access to such data. The identities of addicts come from three primary sources:

1. Response to 9-1-1 calls for overdoses;
2. Information gathering during criminal investigations into suspected drug distribution, and;
3. Community policing officers engaging addicts within their respective areas of responsibility.

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First Responder Overdose Case Referral

Following any response to a suspected heroin overdose (fatal & non-fatal) the investigating officer(s) are required to file a NIBRS report summarizing the investigation and identifying all persons involved. In cases where the victim survives, the case will be referred to the AOOI Coordinator who will liaison with the victim, his/her family, and care givers.

Criminal Investigative Information Referral

Following the arrest of a dealer the case investigator(s) will turn over the identities of the dealer's customers to the Arlington Police Department Mental Health Clinician (AOOI coordinator). The AOOI Coordinator will then schedule a resource meeting, the identified heroin user will be encouraged to attend along with a family member. If the user refuses to participate in the resource meeting, that particular case will be referred back to law enforcement for consideration for a criminal complaint(s) for their role in the drug distribution operation and for unlawfully possessing drugs. Our hope is that users will feel persuaded to attend the resource meeting to avoid criminal prosecution.

(Note: this piece of the program will only be used as a last resort and only with the approval of the Chief of Police.)

Field Police Officer Referral

The Arlington Police Department operates under the philosophy of community policing. Police officers become familiar with persons who reside in and/or loiter in their respective patrol areas of responsibility. Police officers often witness known addicts walking the streets while under the influence of opiates. Officers can now report such persons to the AOOI Coordinator who will offer services to these individuals and their families.

This initiative will bring together law enforcement, health & human services, mental health professionals, substance abuse health care professionals, social services, treatment centers, and others to proactively engage in outreach activities to known addicts to provide support/resources to addicts, their families, and other loved ones.

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Community Based Support & Education

Arlington A.C.T.S. on Addiction

Overview

Arlington Addiction Community Training & Support (Arlington ACTS) aims to provide training and support on a community level for addicts and their families to combat opiate addiction. This program, co-facilitated by the Arlington Police Department's mental health clinician (AOOI Coordinator) and a certified interventionist from [Wicked Sober, LLC](http://wickedsober.com/).² invites addicts, families and friends to regularly scheduled meetings in a non-judgmental/neutral setting to provide a wide variety of services and/or resources including, but not limited to, the following:

- Access to outpatient levels of care.
- Access to inpatient/medical detoxification programs.
- Resources for family support.
- The presence of and access to mental health professionals.
- The presence of a certified substance abuse interventionist.
- On-site training on the proper use of Naloxone.
- Dispensing of Naloxone to addicts and those who care about them.
- Access to Veterans' services personnel.

This component of the initiative was created in conjunction with the outreach portion of this initiative with the knowledge that addicts are often directed to detoxification facilities for short-term stays and that long term recovery occurs within the community. Detoxification is just the first step in a long journey to recovery and by creating a more supportive and non-judgmental environment in the community the likelihood of successful recovery increases substantially. We hope to end the stigma of addiction and support addicts in their recovery process.

Arlington A.C.T.S first meeting is scheduled for August 4, 2015. There will be free training and distribution of nasal Naloxone doses by a certified trainer. As the program progresses, we plan to use a curriculum based on the Community Reinforcement and Family Training³ (CRAFT) curriculum. This program teaches the use of scientifically validated behavioral principals to reduce the loved one's substance use and encourage him or her to seek treatment.

² <http://wickedsober.com/>

³ <http://www.apa.org/pi/about/publications/caregivers/practice-settings/intervention/community-reinforcement.aspx>

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By providing known users and those who care about them with Naloxone we are not only delivering the lifesaving opiate reversal drug but we are delivering the message to the addict that we care about him/her. By breaking down this barrier the addict will be more likely to ask for help when he/she is ready.

This strategy of non-judgmentally meeting the drug user 'where they're at' is known *harm reduction*.

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

To learn more about harm reduction go to: <http://harmreduction.org/>

Performance Measures

Not all identified drug users will attend the structured AOOI resource meeting and of those that do, some will continue to use unlawful controlled substances. However, there is no doubt that some will seize the opportunity of having loved ones, law enforcement, social service agencies, and the community as a whole, investing in their safety, recovery, and success.

All pertinent data will be tracked to include, but not be limited to, the following:

- Raw numbers of persons served by the program without identifying person.
- Number of persons trained in the delivery of Naloxone.
- Number of doses of Naloxone dispensed.
- Number of persons who enroll in outpatient programming.
- Number of persons admitted to inpatient programs.
- Number of referrals to veterans' services.

Data will be tracked beginning July 1, 2015 and a comparative analysis will be made to historical data related to heroin overdoses in the community (fatal and non-fatal).

Per order,

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Chief of Police

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